

FORM 6 (ND/SD MISS. DEC. 2011)

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF MISSISSIPPI
JACKSON DIVISION**

OLIVIA Y., ET AL.

Plaintiff

v.

**CIVIL ACTION
No. 3:04CV251-TSL-FKB**

PHIL BRYANT, as Governor of the
Stat of Mississippi

Defendant

APPLICATION FOR ADMISSION PRO HAC VICE

(A) Name: Sara Robinson-Glasser
Firm Name: Law Office of Sara Robinson-Glasser
Office Address: 1630 Williams Hwy., Suite 351
City: Grants Pass State OR Zip 97527
Telephone: (541) 660-3763 Fax: _____
E-Mail: srglasser@abetterchildhood.org

(B) Client(s): _____
Address: _____
City: _____ State _____ Zip _____
Telephone: _____ Fax: _____

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The following information is optional:

Has Applicant had a prior or continuing representation in other matters of one or more of the clients Applicant proposes to represent and is there a relationship between those other matter(s) and the proceeding for which Applicant seeks admission?

No

Does Applicant have any special experience, expertise, or other factor that Applicant believes makes it particularly desirable that Applicant be permitted to represent the client(s) Applicant proposes to represent in this case?

Extensive litigation experience as an assistant U.S. Attorney

(C) Applicant is admitted to practice in the:

<u> X </u>	State of <u>Oregon</u>
<u> X </u>	District of Oregon

and is currently in good standing with that Court. A certificate to that effect, issued within ninety days of the date of this Application, is enclosed; the physical address, telephone number and website/email address for that admitting Court are:

All other courts before which Applicant has been admitted to practice:

Jurisdiction	Period of Admission
State of Florida	1983 – present
US District Court, Southern District of Florida	1984 - present
State of California	1990 - present
US District Court, Central District of California	1989 – present
US Court of Appeals, Ninth Circuit	1989 – present
Supreme Court of the United States	1999 - present

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- | | | Yes | No |
|-----|--|--------------------------|----------------------------|
| (D) | Has Applicant been denied admission pro hac vice in this state? | <input type="checkbox"/> | X <input type="checkbox"/> |
| | Has Applicant had admission pro hac vice revoked in this state? | <input type="checkbox"/> | X <input type="checkbox"/> |
| | Has Applicant been formally disciplined or sanctioned by any court in this state in the last five years? | <input type="checkbox"/> | X <input type="checkbox"/> |

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations, the name of the person or authority bringing such proceedings; the dates the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings:

- | | | Yes | No |
|-----|---|--------------------------|----------------------------|
| (E) | Has any formal, written disciplinary proceeding ever been brought against Applicant by a disciplinary authority in any other jurisdiction within the last five years? | <input type="checkbox"/> | X <input type="checkbox"/> |

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations; the name of the person or authority bringing such proceedings; the date the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings.

- | | | Yes | No |
|-----|---|--------------------------|----------------------------|
| (F) | Has Applicant been formally held in contempt or otherwise sanctioned by any court in a written order in the last five years for disobeying its rules or orders? | <input type="checkbox"/> | X <input type="checkbox"/> |

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If the answer was "yes," describe, as to each such order, the nature of the allegations, the name of the court before which such proceedings were conducted; the date of the contempt order or sanction, the caption of the proceedings, and the substances of the court's rulings (a copy of the written order or transcript of the oral rulings must be attached to the application).

- (G) Please identify each proceeding in which Applicant has filed an application to proceed pro hac vice in this state within the preceding two years, as follows:

Name and Address of Court	Date of Application	Outcome of Application
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None

- (H) Please identify each case in which Applicant has appeared as counsel pro hac vice in this state within the immediately preceding twelve months, is presently appearing as counsel pro hac vice, or has pending applications for admission to appear pro hac vice, as follows:

Name and Address of Court	Style of Case
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None

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- | | Yes | No |
|--|----------------------------|--------------------------|
| (I) Has Applicant read and become familiar with all of the LOCAL
UNIFORM CIVIL RULES OF THE UNITED STATES DISTRICT
COURTS FOR THE NORTHERN AND SOUTHERN DISTRICTS
OF MISSISSIPPI? | X <input type="checkbox"/> | <input type="checkbox"/> |
| Has Applicant read and become familiar with the
MISSISSIPPI RULES OF PROFESSIONAL CONDUCT? | X <input type="checkbox"/> | <input type="checkbox"/> |

- (J) Please provide the following information about the resident attorney who has been associated for this case:

Name and Bar No: W. Wayne Drinkwater (MBN 6193)

Firm Name: Bradley Arant Boult Cummings LLP

Office Address: 188 E. Capitol, Suite 400 One Jackson Place
Post Office Box 1789, Jackson, MS 39215

City: _____ State _____ Zip _____

Telephone: 601-948-8000 Fax: 601-948-3000

E-Mail: wdrinkwater@babco.com

- (K) The undersigned resident attorney certifies that he/she agrees to the association with Applicant in this matter and to the appearance as attorney of record with Applicant.


Resident Attorney

I certify that the information provided in this Application is true and correct.

8/21/14
Date


Applicant's Signature

Unless exempted by Local Rule 83.1(d)(5), the application fee established by this Court must be enclosed with this Application.

CERTIFICATE OF SERVICE

I hereby certify that on September 02, 2014, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the following:

All Counsel of Record

/s/W. Wayne Drinkwater

W. Wayne Drinkwater

Bradley Arant Boult Cummings LLP
One Jackson Place
188 East Capitol Street, Suite 400
PO Box 1789
Jackson, MS 39215-1789
Telephone: (601) 948-8000
Facsimile: (601) 948-3000
E-mail: wdrinkwater@babco.com